



Manufactured Dwelling Permit Application

City of Woodburn, Building Division
270 Montgomery Street, Woodburn, Oregon 97071
www.woodburn-or.gov

Phone: (503) 982-5250 Fax: (503) 982-5244 Inspection Requests: (503) 980-2443

OFFICE USE ONLY	
Permit no.:	
Receipt no.:	
Amount Paid:	
Date Received:	
Received by:	

TYPE OF PERMIT	
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<input type="checkbox"/> Owner Installed	<input type="checkbox"/> Contractor installed	<input type="checkbox"/> Repair
<input type="checkbox"/> New	<input type="checkbox"/> Addition / Alteration	<input type="checkbox"/> Replacement Same Location <input type="checkbox"/> Yes <input type="checkbox"/> No

JOB SITE INFORMATION	
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Job Address	Space no.:
Manufactured dwelling park:	Address:
City:	State: ZIP:
Tax map/tax lot no./account no.:	Lot: Block: Subdivision:
Base flood elevation:	Elevation certificate:

Description of work on Premises:

OWNER	MANUFACTURED HOME INFORMATION
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Name:	Concrete stringers / Slab under home: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple Valuation: \$ _____ Square feet: _____ (Dwelling and setup only, does not include other permits)
Address:	
City: State: ZIP:	
Phone: Fax: Email:	
Owner representative:	
Phone: Fax: Email:	

SET UP / INSTALLATION CONTRACTOR	ADDITIONAL PERMITS (if required)
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Name:	<input type="checkbox"/> Mechanical Permit no.: _____ <input type="checkbox"/> Plumbing Permit no.: _____ <input type="checkbox"/> Electrical Permit no.: _____ <input type="checkbox"/> Foundation Permit no.: _____ <input type="checkbox"/> Garage Permit no.: _____ <input type="checkbox"/> Carport Permit no.: _____ <input type="checkbox"/> Cabana Permit no.: _____ <input type="checkbox"/> Ramada Permit no.: _____ <input type="checkbox"/> Awning Permit no.: _____ <input type="checkbox"/> Alterations Permit no.: _____ <input type="checkbox"/> Other Permit no.: _____	
Address:		
City: State: ZIP:		
Phone: Fax: Email:		
CCB license no.:		
MDI / LSI license no.:		
SKIRTING CONTRACTOR		
Name:		
Address:		
City: State: ZIP:		
Contact person: Phone:		

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete

Notice: Manufactured dwelling installers must have an Oregon MDI and Construction Contractors Board license under provisions of ORS 701 and may be required to be licensed in the jurisdiction where work is being performed, or the applicant is exempt from licensing for the following reason:

APPLICANT

Name:
Address:
City: State: ZIP:
Phone: Fax: Email:

I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced

Set up fee: \$ _____

State surcharge:..... \$ _____

State fee: \$ _____

TOTAL:..... \$ _____

Applicant's Signature

Date

White Copy - FILE

Yellow Copy - CUSTOMER

Pink Copy - STATE